

**LICENSURE ADVANCEMENT FORM**  
**FOR EDUCATORS EMPLOYED IN TENNESSEE NON-PUBLIC SCHOOLS**  
**SCHOOL YEAR 2005-2006**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
School Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
School Address \_\_\_\_\_  
Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MUST COMPLETE:**

**Identify subject area with endorsement code(s) for which observation was conducted.**

\_\_\_\_\_ Elementary Grade \_\_\_\_\_ Secondary Course Title  
Check License Type \_\_\_\_\_ 22 \_\_\_\_\_ 27(voc) \_\_\_\_\_ 36 \_\_\_\_\_ 67 Expiration Date \_\_\_\_\_

**Verification of Experience**

\_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
( 3 years of verified experience required)

Evaluated by \_\_\_\_\_  
Signature of Evaluator \_\_\_\_\_ Evaluator's Social Security Number \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE READ CAREFULLY - Since your license was last issued or reissued:**

1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
2. Have you been convicted of the illegal possession of drugs and/or narcotics ? \_\_\_\_\_ Yes \_\_\_\_\_ No  
3. Have you falsified or altered documentation required for licensure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Recommendation Level**

The above educator has been evaluated and meets required competency level for all designated domains and is recommended for advancement to the Professional License:

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Office of Teacher Licensing  
4th Floor Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, TN 37243-0377  
(615) 532-4885

**TL Use Only**

Evaluator	<input type="checkbox"/>	Name/SSN	<input type="checkbox"/>	License/Endorsement	<input type="checkbox"/>	Experience	<input type="checkbox"/>
Recommended	<input type="checkbox"/>	Directors Signature	<input type="checkbox"/>	Returned to School	<input type="checkbox"/>	Issued	<input type="checkbox"/>

**TENNESSEE DEPARTMENT OF EDUCATION  
OFFICE OF TEACHER LICENSING  
EXPERIENCE VERIFICATION FORM**

**This form does not need to be completed for experience which has been accrued at a Tennessee Public School. Use this form in reporting non-public school teaching experience accrued in Tennessee, public and non-public school teaching experience accrued outside of Tennessee, and administrative or teaching experience in approved colleges and universities.**

**IMPORTANT: Please keep a copy of this form. You will need to give a copy to your superintendent when you are employed.**

Name	Social Security Number	Teacher Reference Number
School System	State	School System's Telephone Number

**EXPERIENCE RECORD** (Please list experience yearly beginning with July 1 and ending June 30.)

Name of School	Position and Grade Level	School Year		Time Served		Full Time or Indicate % Part Time
		Start Date Mo/Day/Yr	End Date Mo/Day/Yr	Month(s)	Day(s)	

The above school system or college was fully approved or accredited by the \_\_\_\_\_  
\_\_\_\_\_ at the time service was performed.  
(State Department of Education or Assoc. of Colleges & Schools)

\_\_\_\_\_ Public School \_\_\_\_\_ U.S. Govt. School \_\_\_\_\_ Private School  
 \_\_\_\_\_ Full Time Member of College or University Faculty

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above. ***(This form must be signed by an official from the school system central office.)***

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

Street/P.O. Box
City
State
Zip Code

Email Address	Date
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